PTO/SB/17 (05-07) Approved for use through 05/31/2007. OMB 0651-0032 radomark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduc	ion Act of 1995	no persons are require	ad to res	pond to a collection	n of inform	nation unie	se it display	re e velid O	MB control	untuper	
Errec		Complete If Known									
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			_	Application Number 1		10/612,782					EIVED
FEE TRANSMITTAL For FY 2007  Applicant claims small entity status. See 37 CFR 1.27				Filing Date	Filling Date July 1, 2003					RECEIV NTRAL PAX	
				First Named Inv	entor	Bu <u>ḍd Ō.</u>	LIBBY 6	tal.	CEN	I RAL P	AA CEN
				Examiner Name		Tramar Harper				MAY 1	2 2007
	—	Art Unit	3714								
TOTAL AMOUNT OF PAY	MENT (\$)	790.00		Attorney Docket	t No.	69513/R	DK				,
METHOD OF PAYMEN	IT (check all	that apply)				•					i
Check Credit	Card \	Money Order	None	: Other (p	olcase ide	ntify):					
✓ Deposit Account	Deposit Accoun	Number: 03-3125		Deposit Ac	count Na	me: Coo	per & D	unham	LLP		
		account, the Director									
Charge fee(s	s) indicated be	alow		Charg	e fee(s)	Indicated	below, e	cept for	the fillng	fee	
Charge any under 37 CF (ARNING: Information on the formation and authorization and authorization)	R 1,16 and 1. Is form may be	come public. Credit c			-	rpaymen uded on t		Provide cre	dit card		
FEE CALCULATION											
. Basic filing, sea	FILING	fees :	E <b>ES</b> SEAR(	CH FEES	EXAM	IINATIO					
Application Type	Fee (\$)	imali Entity Fee (\$)	Fee (\$)	Small Entity Fee (5)	Fee		1 Entity e_(\$)	Fee	ss Pald (	<u>\$)</u>	
Utility	300	150	500	250	200	1	00				
Design	200	100	100	50	130	) (	65			_ '	
Plant	200	100	300	150	160		BO			_	
Reissue	300	150	500	250	600	3	00			_ '	
Provisional	200	100	0	0	0	)	0	· <del></del>		_	
R. EXCESS CLAIM FE							Fee (\$) 50	Small E	\$1		
Each claim over 20			e)				200	2; 10			
Each independent claim over 3 (including Reissues)  Multiple dependent claims							360	180			
Yotal Claims					Multiple Dependent Claims						
- 20 or HP = HP = highest number of tot		X X 200 Thom 20		<del></del>			<u>Fee (\$)</u>	Foo	Paid (5)	1	
Indep. Claims	Extra Clair		Fee	Pald (\$)		_		_		<b>-</b>	
- 3 or HP = HP = highest number of ind	nondert deim	x =	:								
APPLICATION SIZE	FEE d drawings	exceed 100 sheets	of pap	er (excluding o	electron	ically fi	led segu	enco or c	ompuler		
listings under 37 (	FR 1.52(e)	), the application s	ize fee	: due is \$250 (\$	6125 fo	r small e	ntity) fo	r each ad	ditional	50	l
sheets or fraction 1 Total Sheets - 100 =	thereof. See Extra She		l)(G) s of eact	ind 37 CFR 1.1 add)t <u> onal 50 c</u> (round up to a v	<u>ar fracti</u>		d Eo	2.(\$)	Fee Pal	d (\$)	
OTHER FEE(S) Non-English Specif	ication, \$1	-	entity o	••			-		Fees P	aid (\$)	
اللوة Other (c.g., late f	-	·		·				_	\$ 790	0.00	1
	<del>)                                    </del>										5
nature BY	leu	to to	4	Registration No.	30,141		Teleph	one (212) .	278-0400	1	]
me (Print/Type) Robert 8	. Katz		X				Date N	lay 22, 20	07		J

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officor, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.